

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

ENTITY DEMOGRAPHICS

☐ Initial Pred	qualification Applicatio	n		
□ Refiled Ap	plication of Lapsed Pre	equalification		
DEMOGRAP:	HIC INFORMATION			
Please provide the	e following information regard	ing the main entity ap	pplicant.	
Entity Name (as appears on official business documents)			Assumed Name (attach copy of filed assumed name certificate, if applicable)	
Entity Mailing Address			FEIN	
City	State	Zip Code	Entity Phone	Entity Email Address
	MPLETING APPLICA c following information regard		eting this application.	_
Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)	
Mailing Address			Phone	
City	State	Zip Code	Email Address	

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